

04/23/01



1c950 U.S. PTO

04/27/01

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Please type a plus sign (+) inside this box ☐PTO/SB/05 (03-01)  
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

First Inventor

Title

Express Mail Label No.

JAMES ERNEST BARKER

AN AUTOMATED SURVEY SYSTEM

09/843386  
04/23/01**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 8]  
(preferred arrangement set forth below)  
- Descriptive title of the invention  
- Cross Reference to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table,  
or a computer program listing appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 1]
5. Oath or Declaration [Total Pages 1]  
a. ☒ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)  
a. ☐ Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies); or  
ii. ☐ paper  
c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement [Power of Attorney]  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure [Copies of IDS Citations]  
Statement (IDS)/PTO-1449
13. ☐ Preliminary Amendment
14. ☐ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.
17. ☐ Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No. \_\_\_\_\_

Prior application information:

Examiner \_\_\_\_\_

Group Art Unit \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒

Correspondence address below

Name

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61894037300

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6189403448

Name (Print/Type)

JAMES ERNEST BARKER

Registration No. (Attorney/Agent)

Signature

Date

21/04/01

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**Registered Office**  
Suite D, Level 1,  
Whitford City Shopping Centre,  
Cnr Marmion Avenue  
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**Postal Address**  
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Hillarys W.A. 6025

**Contact Details**  
Phone: 61 8 9403 7300  
Fax: 61 8 9402 3448  
Contact@netstat.com.au

Assistant Commissioner for Patents  
Box Patent Application  
Washington DC 20231  
U.S.A

21<sup>st</sup> April 2001

Dear Sir/Madam,

**RE: New Patent Application**

Please find enclosed my new patent application.

I filed an Australian provisional patent on the 10<sup>th</sup> of May last year, and have just filed the completed patent last week.

I am hoping that this new U.S. application will be filed with you before the 10<sup>th</sup> to ensure I come within the one year time restriction.

To this end, if there are any errors or omissions can you please fax me your requirements so that I can expedite them as soon as possible.

Yours truly,



James Barker  
Director

Enc.

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**FEE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT**

(\$)

**Complete if Known**

Application Number

Filing Date

First Named Inventor

JAMES ERNEST BARKER

Examiner Name

Group Art Unit

Attorney Docket No.

**METHOD OF PAYMENT**

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit  
Account  
NumberDeposit  
Account  
Name

- ☒
- Charge Any Additional Fee Required
- 
- Under 37 CFR 1.16 and 1.17

- ☒
- Applicant claims small entity status
- 
- See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:**

☐ Check ☒ Credit card ☐ Money  
Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$) Code (\$)

101 710 201 355 Utility filing fee

106 320 206 160 Design filing fee

107 490 207 245 Plant filing fee

108 710 208 355 Reissue filing fee

114 150 214 75 Provisional filing fee

Fee Paid

355

SUBTOTAL (1) (\$ 355)

**2. EXTRA CLAIM FEES**Total Claims ☐ -20\*\* = ☐ X ☐ = ☐  
Independent Claims ☐ -3\*\* = ☐ X ☐ = ☐  
Multiple Dependent ☐ = ☐

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$) Code (\$)

103 18 203 9 Claims in excess of 20

102 80 202 40 Independent claims in excess of 3

104 270 204 135 Multiple dependent claim, if not paid

109 80 209 40 \*\* Reissue independent claims  
over original patent110 18 210 9 \*\* Reissue claims in excess of 20  
and over original patent

SUBTOTAL (2)

(\$)

\*\*or number previously paid, if greater, For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**Large Small  
Entity Entity  
Fee Fee Fee Fee  
Code (\$) Code (\$) Code (\$) Code (\$)

Fee Description

Fee Paid

105 130 205 65

Surcharge - late filing fee or oath

127 50 227 25

Surcharge - late provisional filing fee or  
cover sheet

139 130 139 130

Non-English specification

147 2,520 147 2,520

For filing a request for *ex parte* reexamination

112 920\* 112 920\*

Requesting publication of SIR prior to  
Examiner action

113 1,840\* 113 1,840\*

Requesting publication of SIR after  
Examiner action

115 110 215 55

Extension for reply within first month

116 390 216 195

Extension for reply within second month

117 890 217 445

Extension for reply within third month

118 1,390 218 695

Extension for reply within fourth month

128 1,890 228 945

Extension for reply within fifth month

119 310 219 155

Notice of Appeal

120 310 220 155

Filing a brief in support of an appeal

121 270 221 135

Request for oral hearing

138 1,510 138 1,510

Petition to institute a public use proceeding

140 110 240 55

Petition to revive - unavoidable

141 1,240 241 620

Petition to revive - unintentional

142 1,240 242 620

Utility issue fee (or reissue)

143 440 243 220

Design issue fee

144 600 244 300

Plant issue fee

122 130 122 130

Petitions to the Commissioner

123 50 123 50

Processing fee under 37 CFR 1.17(q)

126 180 126 180

Submission of Information Disclosure Stmt

581 40 581 40

Recording each patent assignment per  
property (times number of properties)

146 710 246 355

Filing a submission after final rejection  
(37 CFR § 1.129(a))

149 710 249 355

For each additional invention to be  
examined (37 CFR § 1.129(b))

179 710 279 355

Request for Continued Examination (RCE)

169 900 169 900

Request for expedited examination  
of a design application

Other fee (specify)

SUBTOTAL (3) (\$)

\*Reduced by Basic Filing Fee Paid

**SUBMITTED BY**

Name (Print/Type)

JAMES ERNEST BARKER

Registration No.

(Attorney/Agent)

Complete (if applicable)

Telephone

61894037300

Signature


[Signature]

Date

21/04/01

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PTO/SB/21 (08-00)

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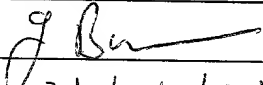
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>		
	<b>Filing Date</b>		
	<b>First Named Inventor</b>	JAMES ERNEST BARKER	
	<b>Group Art Unit</b>		
	<b>Examiner Name</b>		
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	


**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm or Individual name</b>	HILAN CONSULTING PTY LTD
<b>Signature</b>	
<b>Date</b>	21/04/01

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 23/04/01		
<b>Typed or printed name</b>	JAMES ERNEST BARKER	
<b>Signature</b>		<b>Date</b> 21/04/01

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